

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Bruno DE LIGNIERES

Title: TREATMENT OF MASTALGIA WITH 4-HYDROXY TAMOXIFEN

Appl. No.: 10/734,640

Filing Date: 12/15/2003

Examiner: U. Ramachandran

Art Unit: 1617

Confirmation 9061

Number:

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Assertion of Small Entity status is enclosed.

The fee required for additional claims is calculated below:

	Claims		Extra		Additional
	As Amended	Previously Paid For	Claims Present	Rate	
Total Claims:	13	-	20	= 0	x \$52.00 = \$0.00
Independent Claims:	1	-	3	= 0	x \$220.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+ \$390.00	= \$0.00
				CLAIMS FEE TOTAL	= \$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ X ] Extension for response filed within the second month:	\$490.00	\$490.00
[ ] Extension for response filed within the third month:	\$1,110.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$490.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$490.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$490.00

A credit card payment form in the amount of \$490.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 13, 2009

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 295-4094  
Facsimile: (202) 672-5399

By Courtenay C. Brinckerhoff

Courtenay C. Brinckerhoff  
Attorney for Applicant  
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